



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)

Form Approved.
OMB No. 2040-0004

Reason(s) for Submission (Check all that apply):

- ☐ Submitting monitoring data (Fill in all Sections).
☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C.1, D, and F).
☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in Section E.4).
☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section E.4).
☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B and F).

A. Permit Tracking Number: **MA R05DB45**

Note: Read instructions before completing this Form.

B. Facility Information

1. Facility Name: **Amherst Oakham Auto Recycling**

2. Facility Location:

a. Street: **358 Coldbrook Road**

b. City: **Oakham**

c. State: **MA** d. Zip Code: **01068**

3. Additional Facility Information (Optional):

Contact Name: **Gordon B. Pallley**

Email: **parts@amherst-oakham-auto.c**

Phone: **508-882-5241** Ext.

4. MDMR Preparer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F)

Prepared by: **Richard Lavenwood**

Organization: **RELCO Engineering**

Email: **relave@verizon.net**

Phone: **413-538-5277** Ext.

C. Discharge Information

1. Identify monitoring period:

☐ Quarter 1 (April 1 – June 30)

☒ Quarter 1: From **07/01** To **09/30**

☐ Quarter 2 (July 1 – September 30)

☐ Quarter 2: From To

☐ Quarter 3 (October 1 – December 31)

☐ Quarter 3: From To

☐ Quarter 4 (January 1 – March 31)

☐ Quarter 4: From To

2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? ☐ Yes (Complete line item 2.a.) ☒ No (Skip to Section D)

2.a. What is the hardness level of the receiving water? **25** mg/L

D. Outfall Information

1. How many outfall(s) are identified in your SWPPP? **1** List name of outfall(s) required to be monitored in table below.

2. Do any of your outfalls discharge substantially identical effluents? ☐ YES ☒ NO

2.a. If yes, for each monitored outfall, indicate outfall names that are substantially identical in table below.

3.A. Monitored Outfall Name*	3.B. Substantially Identical Outfalls [List name(s) of outfall(s) substantially identical to outfall in 3.A. (if applicable)]	3.C. No Discharge?
Outfall # 1		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

*Reference attachment if additional space needed to complete the table.

Note: Make additional copies of this form as necessary.

MAR05DB45

☐ Snowmelt

2.2.b. Rainfall amount (inches): 4.

2.c. Time since previous measurable storm event (days):	6
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(QBM) - Quarterly benchmark monitoring; (E/G) - Annual effluent limitations guidelines monitoring; (S/T) - State- or Tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

Email of Principal Executive Officer or Authorized Agent:

Date 12/9/09